MASSACHUSETTS HAIFORM APPLICATION FOR A REPUBLIC TO REPEORM CAS FITTING WASHINGTON																
	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK										lK.					
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I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES NO																
I IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW																
LIABILITY INSURANCE POLICY OTHER TYPE INDEMNITY BOND																
OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the																
Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.																
CHECK ONE ON! V. OMMED TO ACENT																
SIGNATURE OF OWNER OR AGENT CHECK ONE ONLY: OWNER AGENT																
I hereby certify that a	I of the details and informa	tion I hav	ve subi	mitted	or enter	ed reg	arding th	is applic	ation are	true an	d accur	ate to ti	ne best	of my kr	nowiedo	10
I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit Issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.																
PLUMBER-GASFITTER NAME LICENSE # SIGNATURE																
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COMPANY NAME:					ADDRE	ss					*****					
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FINAL INSPECTION NOTES												
!. '>/ !	Yes No THIS APPLICATION SERVES AS THE PERMIT	FEE: \$ PERMIT#	PLAN REVIEW NOTES									
ROUGH GAS INSPECTION NOTES												



The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, MA 02111 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information	Please Print Legibly						
Business/Organization Name:	·						
Address:							
•	hone #:						
Are you an employer? Check the appropriate box: 1.	Business Type (required): 5. Retail 6. Restaurant/Bar/Eating Establishment 7. Office and/or Sales (incl. real estate, auto, etc.) 8. Non-profit 9. Entertainment 10. Manufacturing 11. Health Care 12. Other						
I am an employer that is providing workers' compensation insurant Insurance Company Name: Insurer's Address:	•						
City/State/Zip:							
Policy # or Self-ins. Lic. #	Expiration Date:						
Attach a copy of the workers' compensation policy declaration particles are particles as required under Section 25A of MGL confine up to \$1,500.00 and/or one-year imprisonment, as well as civil profup to \$250.00 a day against the violator. Be advised that a copy of Investigations of the DIA for insurance coverage verification.	152 can lead to the imposition of criminal penalties of a senalties in the form of a STOP WORK ORDER and a fine f this statement may be forwarded to the Office of						
I do hereby certify, under the pains and penalties of perjury that the	e information provided above is true and correct.						
Signature:	Date:						
Phone #:							
Official use only. Do not write in this area, to be completed by continuous and the completed by continuous area. Town of Watertown Permissions Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Cler. 6. Other Plumbing Inspector.	t/License #						
Contact Person: John MacDonald, Plumbing Inspector Phone #: 617-972-6480							

Town of Watertown 149 Main St. Watertown, MA 02472 Tel: 617-972-6480 Fax: 617-926-7778

PLUMBING AND GAS FEES

Residential:

\$30.00 first fixture; \$7.00 each

additional fixture

Commercial:

\$50.00 first fixture; \$10.00 each

additional fixture

Gasoline and

Sand Traps:

\$150.00

Reinspection Fee:

\$30.00

DOUBLE FEE FOR WORK PERFORMED

WITHOUT A PERMIT